

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. /10/566610
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		1		/				52					
3	2			/				53					
4	3			/				54					
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49								99					
50								100					
TOTAL IND.		↓	7	↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.		←	7	←		←		TOTAL DEP.		←		←	
TOTAL CLASMS		████████	6	████████		████████		TOTAL CLASMS		████████		████████	

BEST AVAILABLE COPY